

# Mangum Regional Medical Center

## Quality Assurance & Performance Improvement Committee Meeting

Meeting Minutes							
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Date:	01/11/2024	Time:	1310	Recorder: D. Jackson		Reporting Period: Dec. 2023	
Members Present							
Chairperson: Dr. C				CEO: Kelly Martinez		Medical Representative: Dr C	
Name		Title		Name		Title	
Nick Walker		CNO		Danielle Cooper		Bus Office	
Bethany Moore		HR		Kaye via Teams		Credentialing	
Jennifer Dryer		HIM		Mark Chapman		Maintenace/EOC	
Chrissy Smith Chelsea Church/Lynda James		PT Pharmacy		Melissa Tunstall Chasity Howell		Radiology Case Management	
TOPIC		FINDINGS – CONCLUSIONS			ACTIONS – RECOMMENDATIONS		FOLLOW-UP
I. CALL TO ORDER							
Call to Order		The hospital will develop, implement, and maintain a performance improvement program that reflects the complexity of the hospital's organization and services; involves all hospital departments and services (including those services furnished under contract or arrangement); and focuses on indicators related to improved health outcomes and the prevention and reduction of medical errors.			This meeting was called to order on 01/11/2024 by 1 <sup>st</sup> Kelley/ 2 <sup>nd</sup> Chasity		
II. REVIEW OF MINUTES							
A. Quality Council Committee		12/14/2023			Committee reviewed listed minutes A-F. Motion to approve minutes as distributed made by Kelley / 2nd by Pam Minutes A-F approved. Present a copy of the MeetingMinutes at the next Medical Executive Committee and Governing Board meeting.		
B. EOC/ Patient Safety Committee		12/12/2023					
C. Infection Control Committee		12/07/2023					
D. Pharmacy & Therapeutics Committee		12/14/2023					
E. HIM/Credentialing Committee		12/07/2023					
F. Utilization Review Committee		12/08/2023					
III. REVIEW OF COMMITTEE MEETINGS							

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A. EOC/Patient Safety	01/09/2024		
B. Infection Control	01/04/2024		
C. Pharmacy & Therapeutics	12/14/2023		
D. HIM-Credentials	01/11/2024		
E. Utilization Review	01/05/2024		
F. Compliance	10/18/2023 - Next meeting 01/2024		

**IV. OLD BUSINESS**

A. Old Business	1) Radiology Policy Manuel (See TOC attached) 2) Emergency Department Policy Manuel (See TOC attached) 3) Quality Policy Manuel (See TOC attached) 4) IT Policy Manuel (See TOC attached) 5) Drug Room Policy Manuel (See TOC attached) 6) Hospital Policy/Form/Order Set/Protocol and other Document Review Process Policy 7) Policy, Protocols, Forms, or other Document Development, Review, and Implementation Process Policy	Approved 12/14/2023 - Quality Approved – 12/14/2023 - Med Staff Pending Board Approval – Jan 2024	
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**V. NEW BUSINESS**

A. New Business	Approval of policies/procedures - see below		
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**VI. QUALITY ASSURANCE/PERFORMANCE IMPROVEMENT**

**A. Volume & Utilization**

1. Hospital Activity	Total ER – 147 Total OBS pt - 3 Total Acute pt - 19 Total SWB - 12 Total Hospital Admits (Acute/SWB) - 31 Total Hospital DC (Acute/SWB) - 34 Total pt days - 254 Average Daily Census - 8		
2. Blood Utilization	7 for the reporting period – 1 pt was ordered 5 units of blood products; 1 unit d/c'd, During admin of unit 4 pt began having tachycardia, infusion stopped/provider notified. Pt refused interventions,		

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	provider/OBI reviewed chart and do not feel tachycardia is related to blood product transfusion		
<b>B. Care Management</b>			
1. CAH Readmissions	None for the reporting period		
2. IDT Meeting Documentation	10/10 (100%) completed within 24 hours of IDT		
3. Insurance Denials	3 for the reporting period – due to insurance denial, pts were switched to OBS		
4. IMM Notice	12/31 (39%) notices signed within 2 days prior to discharge; 19 IMM were not signed upon admission or discharge or not completed at all	CCO/Bus Office Manager to provide education to staff on Mandatory completion of IMM	
<b>C. Risk Management</b>			

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1. Incidents	<p>2 ER/1 in-pt; ER1.) pt to the er s/p fall, evaluated and treated, provider recommended admission however pt declined to personal issues going on that were not avoidable at this time, Risks/benefits discussed with pt and AMA signed. 1 ER) pt to the ER for c/o ab pain, pt verbally aggressive with family and staff, demanding meds, pt advised multiple times that evaluation had to be made prior to med order/administration, pt demanded medication NOW, nurse continued to advise that pt work up has to be done prior to med order/admin, pt left due to demands for meds prior to evaluation completion would not be met despite multiple education attempts, pt signed ama, R/B discussed. 1 in-pt) admitted for pneumonia w/hypoxemia, pt began feeling better and wanted to go home, pt had issues that remained unresolved however pt refused the treatment options presented by provider. With pt remaining adamant that they wanted to go home. Risk/benefits discussed at length multiple times by provider for all therapies refused, pt request to d/c home and outpatient treatments recommended by provider. Pt signed ama with encouragement to follow up with PCP/specialist as recommended by provider</p>	<p>AMAs 1-3; 1.) MRMC will continue to provide care to the patients based on needs, however patients have the right to refuse care at any time, education will be provided as needed to patient/families 2.) Pt will require full work up to determine treatment needs, education to this will be provided as needed 3.) MRMC will continue to provide care to the patients based on needs, however patients have the right to refuse care at any time, education will be provided as needed to patient/families. All AMAs for the reporting period reviewed with CEO/CNO and discussed with Med. Director at Quality - all deemed appropriate care, will monitor.</p>	
2. Reported Complaints	<p>1 for reporting period - 1 in-pt with complaints directly to CEO as follows during stay 1.) lack of clean linens 2.) lack of room clean 3.) No bath offered during last part of stay 4.) poor food quality. CEO discussed concerns with patient and advised he would follow up discussions with appropriate parties, pt satisfied with this</p>	<p>CEO addressed patient concerns with the following; Maintenance Supervisor, CNO, Dietary Manager</p>	

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	resolution		
3. Reported Grievances	None for reporting period		
4. Patient Falls without Injury	None for the reporting period		
5. Patient Falls with Minor Injury	1 for reporting period - 1 in-pt was ready to transfer from shower chair to bed, pt did not wait on nursing assist x 2 and lifted self off of the chair and slid on to the floor, pt was noted to have bruise to arm and no other injuries noted	Patient will have 2 persons at side for all transfers	
6. Patient Falls with Major Injury	None for reporting period		
7. Fall Risk Assessment	1 assessment completed post 1 in-pt fall for the reporting period		
8. Mortality Rate	None for the reporting period		
9. Deaths Within 24 Hours of Admission	None for the reporting period		
10. Organ Procurement Organization Notification	None for the reporting period		
<b>D. Nursing</b>			
1. Critical Tests/Labs	72 for the reporting period		
2. Restraint Use	None for the reporting period		
3. Code Blue	None for the reporting period		
4. Acute Transfers	1 for the reporting period - transferred to higher level of care for resp distress		
5. Inpatient Transfer Forms	1 completed for reporting period		
<b>E. Emergency Department</b>			
1. ED Nursing DC/ Transfer Assessment	20/20 (100%)		
2. ED Readmissions	1 for the reporting period - 1) Pt was seen for primary c/o. Reports non-compliance at home, Treated and released. Pt returned to ED for continued c/o. Discharged home with prescription	Advised to f/u with PCP	

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	for home meds and advised to f/u with PCP		
3. ER Log & Visits	147 (100%)		
4. MSE	20/20 (100%)		
5. EMTALA Transfer Form	9/9 (100%)		
6. Triage	20/20 (100%)		
7. ESI Triage Accuracy	20/20 (100%)		
8. ED Transfers	9 for the reporting period - Patients transferred to Higher Level of Care for: 1.) Resp failure – ICU 2.) Bowel Perf – Gen Surgery 3.) Subdural Hematoma – Neuro Services 4.) Acute Choly./Pancreatitis – GI Services 5.) Delusional Disorder – In-Pt Psych 6.) Stroke – Neuro 7.) Acute Appy – Gen Surgery 8.) CHF/Plural Effusion – Cards/ Pulmonology 9.) Acute Appy – Gen Surgery	All ER transfers for the reporting period appropriate for higher level of care	
9. Stroke Management	1 for reporting period - 1 pt to the ER for c/o stroke like symptoms, symptoms began 15 min prior to arrival. AirBus called w/i 15 of patient arrival for standby transfer. CT with some abnormal findings not r/t stroke and no thrombolytics admin in ER. Total door to transfer time 1 hr 3 min, slight delay in transfer due wait time for accepting of patient at higher level of care, air bus notified as soon as pt accepted with room and arrived in under 15 min. Neuros/Vitals not noted in chart, ER nurse reports issues with information not flowing from	Accepting hospitals must accept with room number prior to EMS/Air transfer, will default to provider recommendations for treatment as deemed necessary per patient needs/diagnostic results. ER nurse will refresh frequently to allow vitals/neuros to flow and report with any further issues of this not occurring	

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	system to system.		
10. Brain CT Scan – Stroke (OP-23)	1 for reporting period		
11. Suicide Management	1 for the reporting period		
12. STEMI Care	No STEMIs for reporting period		
13. Chest Pain	4/5 EKG (80%) 1 ekg completed in 7 min	Will continue to monitor for any trends with delay time for EKG, new guidelines/policy updates for ekg w/i 10 min pending board approval	
14. ED Departure - (OP-18)	111 min		
<b>F. Pharmacy &amp; Medication Safety</b>			
1. After Hours Access	76 for the reporting period		
2. Adverse Drug Reactions	None for reporting period		
3. Medication Errors	6 for the reporting period - 1-4) Respiratory therapy would check out a breathing treatment medication but not scan, or document, that it was given in the EMAR. 5) Insulin was held by a nurse due to normal fingerstick blood sugar. No documentation occurred at time of entry pertaining to FSBS or provider communication. 6) Carvedilol was held by a nurse with no vital signs or provider communication documented.	1-4) Pharmacy and Respiratory therapy departments are working together to ensure all breathing treatment medications are to be scanned and documented in EMAR. RT manager also advised all RT's to document in EMAR at all times. RT is also requesting a dedicated RT computer cart to hold breathing treatment medications. 5) The nurse stated that she did not document fully at the time of administration, and that she finished documenting the following day. Nurse advised to fully document all medication administration interventions at the time of scanning. 6) Nurse held carvedilol due to HR being 57. The vitals	

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		were not entered in the flowsheet or in the administration record. Nurse was educated that vitals and provider notification need to be documented when holding a medication.	
4. Medication Overrides	49 for the reporting period		
5. Controlled Drug Discrepancies	2 for the reporting period - All discrepancies were from nurses miscounting medications at shift change.		
<b>G. Respiratory Care Services</b>			
1. Ventilator Days	0 for the reporting period		
2. Ventilator Wean	0 for the reporting period		
3. Unplanned Trach Decannulations	None for the reporting period		
<b>H. Wound Care Services</b>			
1. Development of Pressure Ulcer	None for the reporting period		
2. Wound Healing Improvement	7 for the reporting period		
3. Wound Care Documentation	100% for initial assessment and discharge assessment documentation completed on time		
<b>I. Radiology</b>			
1. Radiology Films	2 films repeated due to technical error – 124 total for the reporting period; 1 anatomy clipped, 1 film with artifacts on film		
2. Imaging	25 for the reporting period; with 25 consents for CT obtained		
3. Radiation Dosimeter Report	5/5 (100%)		
<b>J. Laboratory</b>			
1. Lab Reports	0 repeated /2167 total for the reporting period		



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2. Blood Culture Contaminations	None for the reporting period		
<b>K. Infection Control and Employee Health</b>			
1. Line Events	None for the reporting period		
2. CAUTI's	None for the reporting period		
3. CLABSI's	None for the reporting period		
4. Hospital Acquired MDRO's	None for the reporting period		
5. Hospital Acquired C-diff	None for the reporting period		
6. HAI by Source	None for the reporting period		
7. Hand Hygiene/ PPE & Isolation Surveillance	100 % HH / 100 % PPE		
8. Patient Vaccinations	0 received influenza vaccine / 0 received pneumococcal vaccine		
9. VAE	None for the reporting period		
10. Employee Health Summary	1 employee event/injury, 3 employee health encounters (vaccines/testing) 27 reports of employee illness/injury		
<b>L. Health Information Management (HIM)</b>			
1. History and Physicals Completion	20/20 (100%) completed within 24 hrs of admit		
2. Discharge Summary Completion	20/20 (100%) completed within 72 hrs of discharge		

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3. Progress Notes (Swing bed & Acute)	Weekly SWB notes – 20/20 (100%) Daily Acute notes – 20 /20 (100%)		
4. Swing Bed Indicators	12/12 (100%) SWB social HX completed within 24 hrs/first business day after admit		
5. E-prescribing System	20/20 (100%) of medications were electronically sent this reporting period		
6. Legibility of Records	20/20 (100%)		
7. Transition of Care	Obs to acute – none for the reporting period, Acute to SWB – 8/8 (100%) of appropriate orders for admit from Acute to SWB status		
8. Discharge Instructions	5/20 (25%) - There was 1 er missing the d/c instructions and 1 er where a signed copy did not make it to HIM. There were three swb's, where a signed copy of the d/c instructions did not make it to HIM	HIM sent out an email to the CEO, CCO and Quality. CCO let the nurses know to start printing the d/c instructions, getting signature and then scanning back in.	
9. Transfer Forms	10/10 (100%) for ER and in-pt transfers to higher level of care for the reporting period		

**M. Dietary**

1. Weekly Cleaning Schedules	50/50 (100%)		
2. Daily Cleaning Schedules	403/403 (100%)		
3. Wash Temperature	75/75 (100%)		
4. Rinse Temperature	75/75 (100%)		

**N. Therapy**

1. Discharge Documentation	26/26 (100%) completed within 72 hours of discharge		
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2. Equipment Needs	16/16 (100%)		
3. Therapy Visits	PT 81– OT 61 - ST 4		
4. Supervisory Log	1 PTA supervisory logs completed for reporting period		
5. Functional Improvement Outcomes	PT 10/10 (100%) – OT 10/10 (100%) - pts discharged during the reporting period with improvement outcomes		
<b>O. Human Resources</b>			
1. Compliance	100%		
2. Staffing	Hired – 2, Termed - 2		
<b>P. Registration Services</b>			
1. Compliance	100%		
<b>Q. Environmental Services</b>			
1. Terminal Room Cleans	10/10 (100%)		
<b>R. Materials Management</b>			
1. Materials Management Indicators	5 – Back orders, 0 – Late orders, – 1 Recalls, 1122/1138 items checked out properly		
<b>S. Life Safety</b>			
1. Fire Safety Management	1 fire drills for the reporting period – 24 fire extinguishers checked		
2. Range Hood	Quarterly – Due Jan 2024		
3. Biomedical Equipment	Quarterly – Due Jan 2024		
<b>T. Emergency Preparedness</b>			
1. Orientation to EP Plan	2/2 (100%)		

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<b>U. Information Technology</b>			
A. IT Incidents	12		
<b>V. Outpatient</b>			
1. Therapy Visits	57/80 (71%) 8 no show/no call missed visits, 15 visits which patients called and rescheduled.		
2. Discharge Documentation	4/4 (100%) discharge notes completed within 72 hrs of discharge		
3. Functional Improvement Outcomes	4/5 (80%) 1 non-visit discharge (unable to obtain standard testing with non-visits)		
4. Outpatient Wound Services	(100%)		
<b>W. Strong Mind Services</b>			
1. Record Compliance	N/A	N/A	N/A
2. Client Satisfaction Survey	N/A	N/A	N/A
3. Master Treatment Plan	N/A	N/A	N/A
4. Suicidal Ideation	N/A	N/A	N/A
5. Scheduled Appointments	N/A	N/A	N/A
<b>VII. POLICY AND PROCEDURE REVIEW</b>			
1. Review and Retire	None for this reporting period		
2. Review and Approve			
<b>VIII. CONTRACT EVALUATIONS</b>			
1. Contract Services			

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**IX. REGULATORY AND COMPLIANCE**

A. OSDH & CMS Updates	None for this reporting period		
B. Surveys	Life Safety complaint survey 11/2023		
C. Product Recalls	Sodium Chloride Irrigation/Sterile Water		
D. Failure Mode Effect Analysis (FMEA)	Water Line Break – Final at Corporate for approval		
E. Root Cause Analysis (RCA)	None for this reporting period		

**X. PERFORMANCE IMPROVEMENT PROJECTS**

A. PIP	<p>Proposed – STROKE; The Emergency Department will decrease the door to transfer time to &lt; 60 minutes for all stroke patients who present to the Emergency Department at least 65% of the time or greater by December 2023.</p> <p>Proposed –STEMI/CP; The Emergency Department will decrease the door to transfer time to &lt; 60 minutes for all STEMI patients who present to the Emergency Department at least 80% of the time or greater by December 2023.</p>		
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**XI. CREDENTIALING/NEW APPOINTMENT UPDATES**

A. Credentialing/New Appointment Updates	Credentialing/Re-credentialing at Med Staff		
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**XII. EDUCATION/TRAINING**

A. Education/Training			
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**XIII. ADMINISTRATOR REPORT**

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A. Administrator Report			
<b>XIV. CCO REPORT</b>			
A. CCO Report			
<b>XV. STANDING AGENDA</b>			
A. Annual Approval of Strategic Quality Plan	Approved 04/2023	Approved 04/2023	
B. Annual Appointment of Infection Preventionist	Approved 02/2023	Approved 02/2023	
C. Annual Appointment of Risk Manager	Approved 02/2023	Approved 02/2023	
D. Annual Appointment of Security Officer	Approved 01/2024	Approved 11/2023	
E. Annual Appointment of Compliance Officer	Approved 02/2023	Approved 02/2023	
F. Annual Review of Infection Control Risk Assessment (ICRA)	Approved 02/2023	Approved 02/2023	
G. Annual Review of Hazard Vulnerability Analysis (HVA)	Approved 10/2023	Approved 10/2023	
<b>Department Reports</b>			
A. Department reports			
<b>Other</b>			
A. Other	None		
<b>Adjournment</b>			
A. Adjournment	There being no further business, meeting adjourned by Chasity seconded by Pam at 13:30	The next QAPI meeting will be – tentatively scheduled for 02/08/2024	